

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019990

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 295

Primary Registration District No. 6016

Registrar's No. 112

FILED MAY 25 1962

## 1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Rural--Silver Creek Twp.

Length of stay in lb

8 hours

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Chloupek Lake

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Randolph

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN Rural-Salt Spring Twp.

d. STREET ADDRESS

(If outside, give location) Hwy. #3; S. of Huntsville

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Ralph

Middle

Otto

Last

Stogsdill

## 4. DATE OF DEATH

Month

May

Day

13

Year

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-9-1916

## 9. AGE (last birthday)

45

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assistant Mgr. Warehouse

## 10b. KIND OF BUSINESS OR INDUSTRY

Singer Sewing Machine

## 11. BIRTHPLACE (City and state or country)

Niantic, Illinois

## 12. CITIZEN OF WHAT COUNTRY

United States

## 13a. FATHER'S NAME

Simeon Stogsdill

## 13b. MOTHER'S MAIDEN NAME

Don't Know

## 14. NAME OF HUSBAND OR WIFE

Betty Stogsdill

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

yes World War II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Betty Stogsdill: R.R.:Huntsville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suffocation

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Drowning

DUE TO (c)

Instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Was in a boat fishing with three other men

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

boat began to dip water in heavy waves. Moving in the boat it turned over. He could not swim. Fought off help.

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Kopeck Lake

## 20f. CITY, TOWN, OR LOCATION

R.F.D.# 3, Salt Springs Twp. Rand. Mo

COUNTY

STATE

## 21. I attended the deceased from

9:00 A.

to

and last saw her

him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Benjamin S. Jolly, D.O. Coroner

## 22b. ADDRESS

203 1/2 N. Clark, Moberly, Missouri

## 22c. DATE SIGNED

5-15-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

5-15-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Memorial Gardens

## 23d. LOCATION (City, town, or county)

Moberly, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Tom B. Patton, Huntsville, Mo

## 25. DATE RECD. BY LOCAL REG.

5-22-62

## 26. REGISTRAR'S SIGNATURE

Dorinda Patterson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

2880

2880

3

4 0

5 1

6

7 1

8 2

9850X

10 42

11 684

12 91-3

13 2-0

JUN 18 1962

MAY 31 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville  
MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.